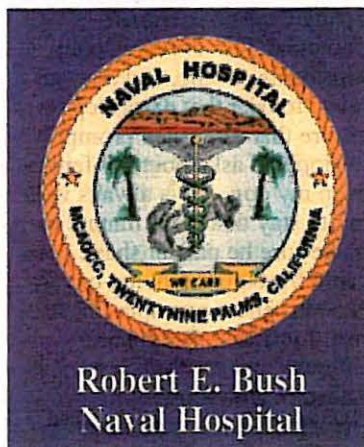


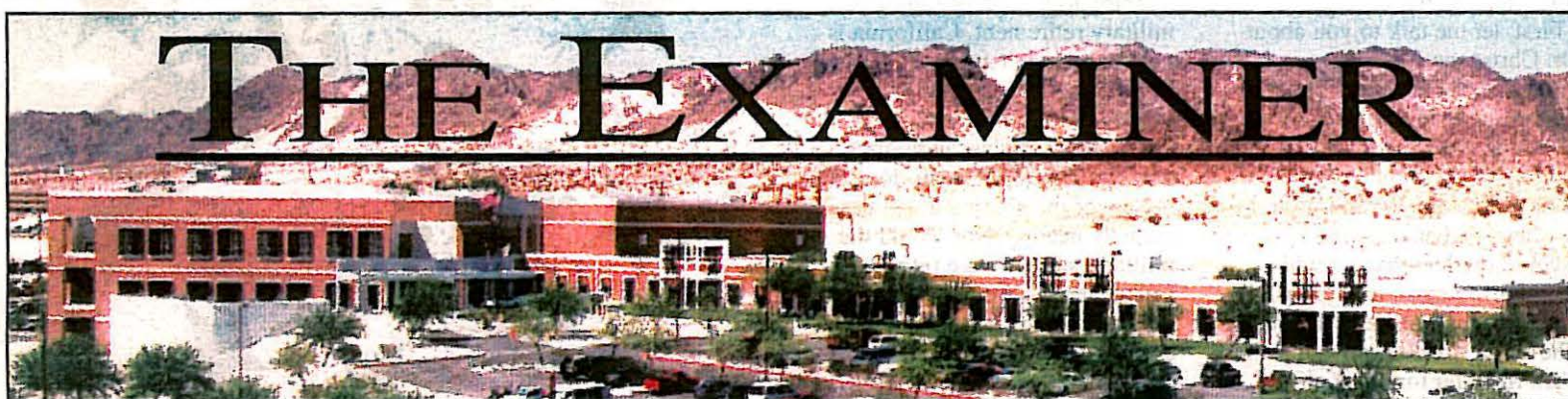


The hospital's new Bull Ensign, Kara Perez, of Military Sick Call, makes some remarks at a recent ceremony where a Change of Boot and Bull Ensigns took place. The hospital's former Bull Ensign, Ramaud Love, was promoted to Lt.j.g. See the page 4 & 5 for more photos.



Robert E. Bush
Naval Hospital

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Independence
Day!**



www.nhtp.med.navy.mil

China Lake Corpsman Selected as Navy Times Sailor of the Year

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

A Sailor at the Branch Health Clinic China Lake (BHCCL) has been selected as the Navy Times Sailor of the Year, to be published July 8.

HM3 Victor Urena was nominated by the Officer in Charge at the Clinic, Lt. Cmdr. Thomas L. Driver, for this honor because of Urena's outstanding achievement. Citing this Sailor's work at the Clinic as well as his experience while deployed to Iraq in support of Operation Iraqi Freedom, Driver said, "HM3 Urena is an



exceptional Sailor and Hospital Corpsman; his ability to overcome adversity and his sense of duty have set him apart from his peers." Driver added, "His ability to put his skills as a Hospital Corpsman to use in the face of danger far exceeded the expectations of his rank."

While serving in Iraq, Urena provided medical services to a platoon of 36 Marines in support of numerous combat missions, patrols and movements for contacts. On one occasion he continued to treat Marines without concern for injuries he received in an Improvised Explosive Device Attack. For those injuries Urena received the Purple Heart.

Urena hails from Downey, Calif., where he attended Tracy High School in the city of Cerritos, graduating in 2002. Immediately after graduation from high school, he entered the U.S. Navy in August 2002. According to Urena, he chose to join the Navy to further his education and to give him a sense of direction, discipline and to provide him with a new level of confidence. Following Hospital Corps School, Urena reported for duty at the BHCCL in June 2003.

When he isn't busy with his work at BHCCL, Urena is completing college level courses. His educational goal is to obtain a degree in

Please see SAILOR OF THE YEAR on page 7

How Do You Decide When to Seek Medical Care?

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Any time you have an immediate life-threatening medical problem you should call 911.

Our medical staff here at the Robert E. Bush Naval Hospital would rather have the patients err on the side of caution with the realization that when they arrive at our Emergency Medicine Department that our professional staff will assess the medical condition with a process called Triage. If your condition warrants it, immediate medical attention will be given. However, if the medical staff determines that your

condition is not life-threatening you may have to wait before treatment is rendered, while patients with unstable illnesses or injury are taken care of first. On occasion you may have to wait for several hours to be taken care of.

This process is necessary in every emergency room where medical care is never given on a first-come first-served basis.

Personnel shortages because of normal rotations and deployments preclude the hospital from establishing an Urgent Care Clinic.

If you wake up one morning feeling ill, you can try calling our Out Patient Services number at 830-2752 to obtain a same day appointment.

Please see MEDICAL CARE on page 7

Inside...

The two leading causes of death in the military are accidental death and suicide.
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Near miss reporting is a valuable tool to many industries, from manufacturing to airlines to healthcare.
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During the summer months, we should be especially aware of the dangers associated with working or playing in high-temperature environments.
page 6

At a recent Frocking ceremony, several Sailors at the Naval Hospital put on new 'crows'. Also, a new feature of the Examiner, is the recent Hail and Farewells.
page 8

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Letters...

Wonderful Care

Captain Engelhart,

I was recently diagnosed with Breast Cancer which was a very scary situation; it was my third separate cancer. Dr. Divine notified Pam Jones of your Breast Clinic. She was great! She was there from the very beginning. I have never been anywhere where they had this kind of program; she helped with things I didn't even know existed. She gave me information, she arranged for things I would need after surgery, she set up things at Bethesda where I will be seen starting July 14th but most of all her moral support meant everything to me. I wish I could take here with me! Pam and Dr. Alvord just jumped right in and took care of everything; all I had to do was show up. Everyone I came in contact with, Pam, Dr. Alvord, Dr. Divine, all of your staff were great. I just wanted you to know how much I appreciate it.

Also Lt. Ellison was truly a big help with my Diabetes.

*Yours truly
Nancy Eby*

Great Staff

Captain Engelhart,

Often, as consumers, we are very quick to let service providers know what they are doing or have done wrong. We sometimes cannot wait to let them know how they have harmed us, or made us feel bad. As a whole, we are not quite so fast to let people know when they are doing something right. I would like to take this opportunity to talk to you about four individuals who have gone above and beyond to make my life a little easier. I will ask you to see that this letter finds its way into each and every ones SRB, as my way of saying thank you to them. Before reading the attachments, please allow me to tell you a little about myself, so you can truly appreciate what them folks have accomplished.

I am a 54 year old female dependent of a retired Marine. I suffer and live with daily, Multiple Sclerosis, Fibromyalgia, active Crohn's Disease, Arthritis and severe

hearing loss that comes close to rendering me profoundly deaf. In the midst of all this, I am raising a 4-1/2 year old little boy, who I adopted four years ago with my husband.

As you can imagine, my life is not an easy one, although I try to deal as best I can. I spend a lot of time in medical facilities, and with medical personnel. I must admit, I am not always the most pleasant patient to deal with, and now we get to the purpose of this letter. I will write a paragraph or so regarding each person, and how they have impacted my life.

First, let me talk to you about Dr. Chrisanna Johnson. Although she is a general practitioner, she is my primary care physician, and I would defy anyone to try to make me change doctors. When I go in to see her, she has the ability (shared by the other 3 I will mention) to make me feel as if I have a special place in her heart. She always makes me feel as if I am first and foremost on her list of important things. I matter to her. She never makes me feel rushed, even though I know she is very busy, she always makes me feel that whatever I need is the most important thing. If she doesn't know the answer to my problem or question, she has never hesitated to tell me so, honestly. She goes out of her way to find the answers for me, or to find someone who does know. She is truly a caring doctor, who looks at her patients as more than simply sponsored patients. She makes them feel like friends.

Which leads me to the next on the list, Lt. Lovato, who works with Dr. Johnson? After being informed by Dr. Johnson, who found a really good, non-narcotic med for me, Lt. Lovato volunteered to give me weekly meds, without thought to her own busy schedule. She always makes time for me, and if she isn't there, she always makes certain I am taken care of. She never fails to ask how I am doing, how my little boy is, always makes time for him as well, as if we are friends rather than patient and caregiver. Her kindness and caring compassion sometimes overwhelms me, only in the sense that I do not normally expect that from military medical facilities and personnel. Which, again, leads to the next

fellow. What can I say about a young Corpsman named Toothman? He is funny, compassionate, caring, and always ready to take that extra step to ensure that I get seen promptly, to stop and ask about my family, even my dog. He is always willing to stay that extra minute to make sure he patient shave been cared for before moving on. He is an excellent example for the rest. I just love Toothman!

Finally, but far from least, Lt. Luley, in audiology. Backtracking for just a moment, we, like many other retirees are learning to live on our limited military retirement. California is not the most inexpensive place to live, and with a small boy, it is even more difficult sometimes. After my last audiogram, we found out TRICARE does not cover the hearing aids I desperately needed. Nor would the military, since we are retired. Lt. Luley went above and beyond, researching any and all avenues, and located a program that would help me get the hearing aids. She did not have to do this; she used her own off time to

help me. She worked hard, did all the groundwork, and actually believes she did nothing extraordinary! Once again, a perfect example of what can happen when the military medical facilities staff with caring, compassionate people. I cannot say enough about these four. I can

only express my deep hope that none are transferred anytime soon, and that perhaps with extra training, some of these traits exhibited by these four can be conveyed to other departments.

*Thank you for listening
M. Deborah Gerdes*



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Commanding Officer

Captain Robert J. Engelhart, MSC, USN

Executive Officer

Captain Dianne D. Aldrich, NC, USN

Public Affairs Officer/Editor

Dan Barber

Public Affairs Assistant

HM2 (SW) Erin L. Sjaarda

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

Commanding Officer Naval Hospital
Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250
Com: (760) 830-2362
DSN: 230-2362
FAX: (760) 830-2385
E-mail: d.barber@nhnp.med.navy.mil
Hi-Desert Publishing Company
56445 Twentynine Palms Highway
Yucca Valley, CA 92284
Com: (760) 365-3315
FAX: (760) 365-8686



Here's to your health...

Controlling Your Stress Levels Can Help Save Your Life

By Martha Hunt, M.A. Health Promotions Coordinator
Robert E. Bush Naval Hospital

The two leading causes of death in the military are accidental death and suicide. While suicide is clearly linked to stress, accidents can also often be linked to stress. People who are distracted by stressful events have problems concentrating on their work and may also have problems with substance abuse such as excessive drinking, tobacco use or the use of illegal drugs. Here are some suggestions for learning how to cope with stress.

There are two types of stress, both of which require adaptation to change, situations, or events. Eustress is positive stress and involves change that is growth producing and welcome. For example earning a promotion, getting married or retiring. Distress is negative stress, such as death of a loved one, divorce, and difficult work situations. Distress that is uncontrolled leads to illness, disease, suicide, violence, etc.

Signs of stress include tense muscles, neck ache, head aches and migraines, jaw pain, indigestion, tightness in the chest, nausea, teeth grinding, feelings of anxiety and helplessness, nervousness, anger, irritability, soothing habits such as food, smoking, or alcohol, illnesses, an increase in colds and other infections, drop in the function of the immune system, heart attack, stroke, etc. In other words, your whole body is damaged by stress.

The physical components of stress include an increase in adrenaline in the body, increase in certain neuro-transmitters or chemicals in your brain, increase in heart rate and blood pressure, and an increase in blood sugar. In fact, when you smoke to relieve stress, you are actually causing yourself to be more stressed out. Nicotine causes the body to release adrenalin, making you feel worse in the end. The more stressed you are, the more adrenalin you have in your body. The more nicotine that goes into your body, the more adrenalin is released and the cycle only worsens your stress.

It's not always easy to deal with stress but here are some helpful tips to coping with stress. Talk it out. Sometimes by venting our feelings, we come up with solutions to the issue. Getting whatever is bothering you off your chest always helps, even if it doesn't solve the problem. Identify your true feelings. What is really bothering you? It doesn't help for you to be angry with your coworkers, family or friends, if it's really something else that's bothering you.

Get enough rest, eat a balanced diet and start a program of physical activity. This helps

your body get rid of the extra adrenaline in your body. Work off your anger. Anger builds up if not worked out and can lead to heart attack and stroke. People who do not work through their anger are nearly four times more likely to suffer a sudden fatal heart attack.

Take one thing at a time. When we take on too many tasks or take on other people's responsibilities, we get stressed out because we are not paying attention to our own responsibilities. Learn to say no to tasks or responsibilities that are too much for you to handle.

Give in occasionally. Does it really matter what direction the sand gets raked in? If not, then let other people have their way sometimes, offer suggestions or let them make their own mistakes. You might learn something new or improve a process.

Escape for brief periods of time. Take 20 minutes every day to be by yourself. This is not being selfish or anti-social, it's taking care of your mental health. Watch the sunrise or sunset, walk the dog, do anything that will let you just be alone and with your own thoughts.

Live in the present moment. Don't live in the past or the future. When you do this, you are not taking care of today and what needs to be done to get through life on a daily basis. You can't change the past and you can't live in the future.

Don't get involved in other people's issues. We all want to help each other, but sometimes we get so drawn into other people's drama that we forget to deal with our own lives. This doesn't mean that you stop helping others; it just means that you need to not forget your own needs in the process.

Keep a stress diary. Every day write down whom or what is stressing you out and then write down creative ways that you could have dealt with that person or situation. It doesn't help change the events of that day, but when the situation arises again you will already have new ideas of how to cope with that person or event.

Remove stressors when possible. All the stress reduction tips and relaxation techniques won't matter if you don't help change what or who is the cause of your stress. Make a commitment to change, to deal with stress on your terms. You are the only person who can change the stress in your life. Think about creative ways to reduce the stress in your life and you might be surprised to see how much better you feel when you get rid of some of the stress in your life.

Learn to perform some basic relaxation techniques. By doing deep breathing, meditation and muscle relaxation you help your body flush out some of the extra adrenaline in your body and you will feel better both mentally and physically. Remember that you will always have stress in your life but when you learn to reduce or eliminate some of the stress in your life, your quality of life will improve.

Patient Safety and Near Miss Reporting

By Lt. Richard Salisbury
Robert E. Bush Naval Hospital

Near miss reporting is a valuable tool to many industries, from manufacturing to airlines to healthcare. A "near miss" is when a potentially harmful incident or accident nearly occurs but is successfully avoided. Research has shown these events to be indicative of future mishaps.

Proper reporting and response to the near-misses that occur within the Naval Hospital Twentynine Palms will greatly aid in the safety of patient care at all levels.

The types of errors possible are as diverse as the types of care provided, but as an elementary example of a near miss situation, consider the following scenario. Nurse Doe has been given orders to administer Drug A to the patient. In obtaining the drug from the repository, he/she mis-

takenly takes Drug B. Before dispensing the incorrect drug however, Nurse Doe recognizes the error and thereby avoids
Please see **PATIENT SAFETY** on page 6



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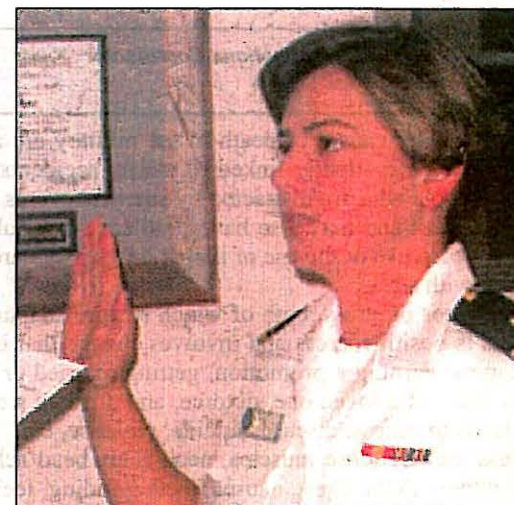
Super Stars and Hard Chargers...



Lt. Charla Benedetto a Nurse in Desert Beginnings, has been promoted to her current rank.



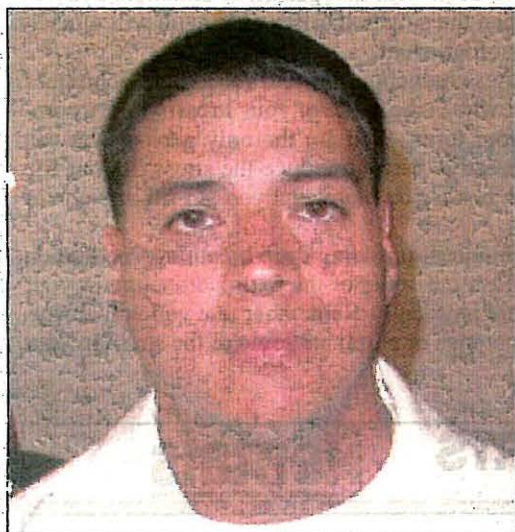
Lt. Ayessa Fusiler, Head, Patient Administration was promoted to her current rank.



Lt. Shannon Grant, Outpatient Clinic Business Officer has been promoted to her current rank.



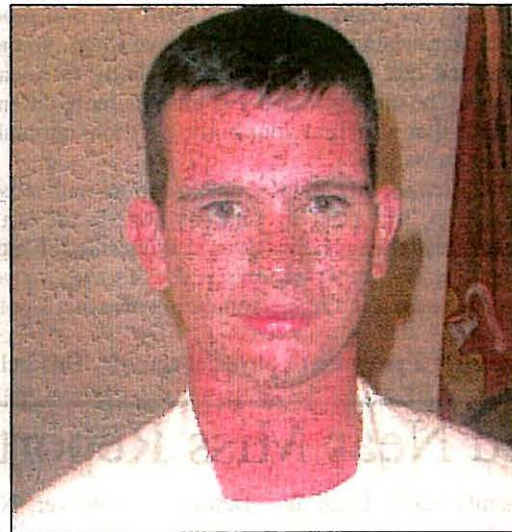
Lt. Cmdr. K. her current rank.



HM3 Michael Reyes, Emergency Medicine Department received a Navy and Marine Corps Achievement Medal.



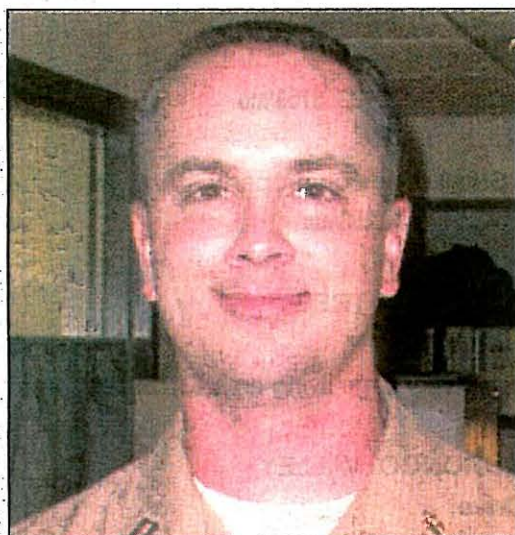
HM3 Jocelyn Martinez-Delgado, Emergency Medicine Department, was selected as the Junior Sailor of the Quarter for the Combat Center for the first quarter of the calendar year.



HN Brett Reiner, Preventive Medicine, received the Navy and Marine Corps Achievement Medal.



Lt. Laura Jensen a Nurse in the Desert promoted to her current rank.



Lt. Andrew Wilson a Nurse in Desert Beginnings, received a Navy and Marine Corps Commendation Medal.



Lt. Ester Newton a Nurse in Desert Beginnings, was promoted to her current rank.



CSC Percivac Pacadaljen, Security Office, retired from the United States Navy following 20 years of honorable service.



Dan Mulvihill, far right, with his wife Rodney Pray, a Physician in the Family, honoring him for his donation to the U in the name of their son. The Mulvihill group. A new scholarship was just established in the name of their son, Brian Mulvihill who was killed in and Kathleen are employees at the Rot



HM2 Jill Bankus, Emergency Medicine Department, was selected as the Senior Sailor of the Quarter for the Combat Center for the first quarter of the calendar year.

A Navy and Marine Corps Achievement Medal is pinned on the chest of HM2 Jon Shaw, Physical Therapy Tech, by his father.



ings, is

Lt. Cmdr. Chrisanna Johnson, a Physician in the Family Practice Clinic is promoted to her current rank.

Lt.j.g. Ramaud Love, Head, Material Management is promoted to his current rank.

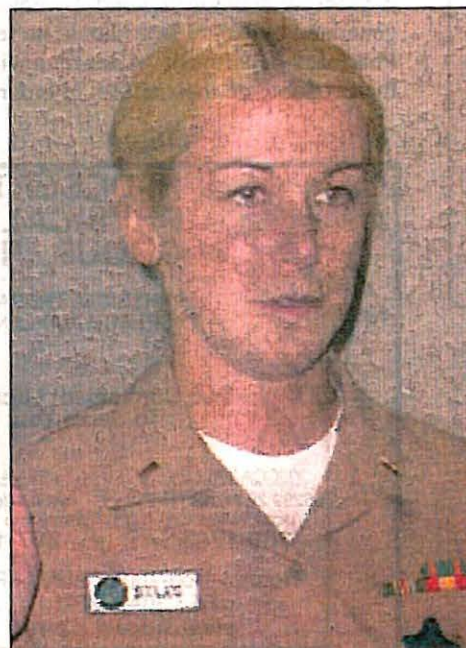
Lt. Glenn Bradford, a Nurse in the Emergency Medicine Department is promoted to his current rank.



n, left, present Lt. Cmdr. ice Clinic, with a plaque ines Scholarship program tive members with this in the name of their late t traffic accident. Both Dan 'ush Naval Hospital.



Lt. Donna Stachowicz, a Nurse in the Emergency Medicine Department has been promoted to her current rank.



Lt.j.g. Margaret Stiles, a Nurse in the OB Clinic is promoted to her current rank.



The "boot" is passed to the hospital's newest Boot Ensign, Frederick Matheu, left, of the Laboratory Department, from the new Bull Ensign, Kara Perez, right, of Military Sick Call.

Recognizing and Preventing Heat Related Illnesses

During the summer months, we should be especially aware of the dangers associated with working or playing in high-temperature environments. Heat and humidity combined with physical exertion can do more than just make you uncomfortable; it can lead to a variety of heat-related illnesses that can debilitate you. Heat illnesses are the result of elevated body temperatures due to an inability to dissipate the body's heat and/or a decreased fluid level. Always remember that mild heat illnesses have the potential of becoming severe life threatening emergencies if not treated properly.

Heat Cramps - Heat cramps are a form of muscle cramp brought on by exertion and insufficient salt.

Heat Cramps Treatment - Replace salt (e.g. eating a bag of potato chips) and fluid and stretch the muscle. Kneading and pounding the muscle is less effective than stretching and probably contributes to residual soreness.

Heat Exhaustion - The signs and symptoms of Heat Exhaustion are:

- * Sweating
- * Skin - Pale, clammy
- * Pulse - Increased
- * Respirations - Increased
- * Temperature - normal or slightly elevated
- * Urine Output - Decreased
- * Patient feels weak, dizzy, thirsty, "sick," anxious
- * Nausea and vomiting

Heat Exhaustion Treatment - Victims of Heat Exhaustion must be properly re-hydrated and must

be very careful about resuming physical activity (it is best to see a physician before doing so). Have the person rest (lying down) in the shade. Replace fluid. Drink slowly; drinking too much too fast very often causes nausea and vomiting.

Evacuation usually is not necessary. Heat Exhaustion can become Heat Stroke if not properly treated. A victim of Heat Exhaustion should be closely monitored. If it feels like their skin temperature is increasing, and they don't appear to be recovering, get them into a clinic or hospital as soon as possible because they may be going into Heat Stroke.

Heat Stroke - Hyperthermia
* Heat Stroke should be regarded as a life threatening medical emergency. A victim can die

within minutes if not properly treated.

Signs & Symptoms of Heat Stroke

* The key to identifying Heat Stroke is hot skin. Some victims may have hot, dry skin, others may have hot, wet skin because they have just moved from Heat Exhaustion to Heat Stroke.

- * Pale Skin
- * Pulse Rate - increased
- * Respiratory Rate - increased
- * Urine Output - decreased
- * Temperature - increased (may be over 105 deg F)
- * Skin - may be wet or dry, flushed
- * Severe changes in mental status and motor/sensory changes, then the person may become comatose, possibility of seizures.
- * Pupils - may be dilated and unresponsive to light

Heat Stroke Treatment

* Efforts to reduce body temperature must begin immediately! Move the patient (gently) to a cooler spot or shade the victim. Remove or loosen heavy clothing. Pour water on the extremities and fan the person to increase air circulation and evaporation or cover the extremities with cool wet cloths and fan the patient. Immersion in cool (not cold) water is also useful. During cooling, the extremities should be massaged vigorously to help propel the cooled blood back into the core.

* Attempt to get the victim to drink some fluids. Avoid alcoholic and caffeinated drinks.

* Basic life support, CPR if needed.

* Call 911 as soon as possible.

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PATIENT SAFETY...

Continued from page 3

harming the patient. Such an incident should then be clearly reported in order to alert the department to improvements that need to be made to this process.

In order for near miss reporting to be beneficial, it must be both precise and universal. Reports can be made either anonymously or openly via email, drop boxes, or during weekly meetings. The basic structure of such reporting should include answers to the following points:

- * Describe the incident in your own words.
- * In which department/unit did the event occur?
- * Was equipment involved? If yes, please describe.
- * Were other departments involved? If yes, please specify.
- * In your opinion, what would have been the worst possible outcome if the incident had actually occurred?

Safety managers in each department should be responsible for compiling these reports as well as monitoring the actions taken to rectify each case.

Because patient care often involves more than one person or department, it is important that each incident is properly documented and distributed to all applicable parties. In the example provided above, the report generated by Nurse Doe should be relayed to all other units in which Drugs A and B are used as well as the Pharmacy department. After reviewing the incident and identifying the probable causes, all departments can then collaborate their efforts in order to avoid such errors in the future.

In this way near miss reporting can help alleviate problems that can occur in interdepartmental communication.

The reporting of near misses can significantly contribute to successful risk management and FMEA (Failure Modes & Effects Analysis) efforts. It is important to remember that the purpose of near miss reporting and FMEA actions are not to scrutinize an individual but rather the process that may lead to patient harm. For this reason, near miss reporting should be highly encouraged within each department. By sharing the facts of your "near miss," you enable your fellow shipmates to avoid the real mistakes that can have both adverse and costly outcomes.

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MEDICAL CARE...

Continued from page 1

This will take less waiting time for you to see a provider and that provider will be able to focus on your problem and provide the appropriate treatment. In addition, before you leave the clinic you can book a follow up appointment by calling the same 830-2752 for further treatment if necessary.

Do you just want to obtain some medication for a common cold or cough? The Naval Hospital offers an Over-the-Counter (OTC) medication dispensing program for your convenience.

However, there are some limitations associated with this pro-

gram. First, each family member will be eligible to receive a maximum of four different items per quarter (three-month period). These medications will be entered into each person's computer prescription record to screen for allergies, overlap medications and duplications.

Prior to dispensing any OTC medication, the pharmacy must know if you are currently taking any other medication or have a disease state that may interact with these medications. You must complete and sign a request form and conduct a brief question-and-answer assessment of your medical conditions. You

will receive a handout discussing the proper use, dosages, cautions and side effects associated with these medications.

Remember that this program does not replace the healthcare provider. If your medical condition does not improve or if it worsens within 48 hours, you should seek advice from a medical professional.

Patients who are not eligible to receive OTC medications are pregnant or breast-feeding mothers, children less than two years old, and those who are currently in flight status or in the Personal Reliability Program.

OTC medications may be obtained for family members between the ages of two and 18 only by a parent or guardian. All patients must have a valid military identification card in their possession at the time of dispensing.

Patients who self-medicate have the responsibility to properly use OTC medications. They should:

- * Follow the labeled directions
- * Use the smallest effective dose
- * Do not exceed the recommended dose
- * Use only for the labeled indications and for the age groups listed
- * Use caution when measuring pediatric doses

SAILOR OF THE YEAR...

Continued from page 1

General Studies by the time he transfers from China Lake, and in the long term to get a Business Management/Finance degree. This educational goal will enable Urena to reach his career goal of staying in the Navy and applying for a commissioning program.

To date, Urena's most memorable experience was the feeling of joy and relief he felt when he returned to his family and friends from his deployment to Iraq. "What every Sailor dreams of," said Urena.

To busy himself on his time off, Urena visits family and friends in Los Angeles on weekends, takes online courses with the University of Phoenix. He also writes and produces music.

In just the three years Urena has served he has received the following decorations, Purple Heart, Navy and Marine Corps Achievement Medal, Combat Action Ribbon, Joint Meritorious Unit Commendation Medal, Meritorious Unit Commendation, National Defense Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, and the Sea Service Deployment Ribbon.

This superstar was also selected as the Robert E. Bush Naval Hospital's Junior Sailor of the Year for 2004.

"Petty Officer Urena truly has what it takes to succeed as a Navy Hospital Corpsman and has proven to a tremendous asset to this command and the United States Navy," added Driver.

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* Avoid combining multiple medications

* Do not use for extended periods of time

This program is designed to offer access to many common cough and cold, sore throat, fever, headache, stomach upset and minor gynecological conditions that are listed below.

* Acetaminophen (Tylenol) 325mg tablets & elixir

* Ibuprofen (Motrin) 200mg tablets & suspension

* Diphenhydramine (Benadryl) capsules & elixir

* Pseudoephedrine (Sudafed) tablets & syrup

* Triprolidine w/ pseudoephedrine (Actifed) tablets & elixir

* Guaifenesin (Robitussin) syrup

* Guaifenesin w/ dextromethorphan (Robitussin DM) syrup

* Saline nasal spray/drops

* Cepacol throat lozenges
* Maalox (regular) 5 ounce bottle

* Clotrimazole (Gyne-Lotrimin) 1 percent vaginal cream (not for the patient's first yeast infection and only one issue every 6 months)

If you just have a question to ask of a medical provider you can call Out Patient Services at 830-2752 during normal working hours and a telephone consult will be generated to a doctor. There is a 48-hour response time for the provider to return your call. After 4 p.m., weekdays and anytime on weekends or holidays you can call the hospital Quarterdeck at 830-2190, the duty medical officer will be contacted to return your call.

The staff of the Robert E. Bush is dedicated to providing you the best medical care possible regardless of how you access that care.

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Frocking Ceremony Held at Robert E. Bush Naval Hospital

The following Petty Officers were frocked to their current rank in a ceremony held at the hospital on June 15:

HM3 Tori G. Cahow
 HM3 Justin A. Dalton
 HM3 Tanisha A. Domaguin
 HM3 Lisa C. Dutra
 HM3 Nicholas D. Jones
 HM3 Angela M. Kimmell
 HM3 Maggie Kwok
 HM3 Meta C. Mitchell
 HM3 Kristine C. Obedoza
 HM3 Rhiannon D. Owens
 HM3 Brett A. Reinier
 HM3 Jaime Rodriguez-Araujo
 HM3 Suzanne M. Schneider
 HM3 Monica R. Thomas
 HM3 Emily J. White
 HM2 Lizatte S. Ambunan
 HM2 Zachery Boles
 HM2 Maria E. Drew
 HM2 Michael W. Sondoal
 HM2 Carlos E. Tafoya
 HM1 Tawnia R. Millard.



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Hail and Farewell

Welcome Aboard

HA K. Jordan
 HN P. Ferreira
 HA A. Butterfield
 HN J. Torres
 HA T. Huyler
 HN C. Casler
 HR E. Trevino
 HA C. Renfro
 HN J. Ocharan
 HA J. Herrera
 HA E. Rubia
 HN C. Slade
 HM3 C. Demetruilas
 CSSR D. Aleman
 HA R. Stone
 HN J. Salas
 HR P. Ramirez-Martinez
 LT W. Boucher
 HA S. Chong
 HA J. Chiaia
 LT. R. Ruckman
 CS1 M. Reyes

Farewell

HN V. Perez
 HN J. Beck
 HM3 J. Teodoro
 HM2 A. Espinosa
 HA M. Spandonis
 HA A. Canlas
 HN E. Graf
 LT S. Vasquez
 HM3 A. Pangan
 HM3 E. Garcia
 HM3 R. Johnson
 HN J. Foster
 HN N. Bonosu
 HA D. Baron
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